[Link to agenda and recording](https://www.hhs.texas.gov/about/communications-events/meetings-events/2023/04/20/intellectual-developmental-disability-system-redesign-advisory-committee-idd-srac-agenda)

# Community Living Assistance and Support Services waiver dental update

* Dr. V, OMD and Kate Layman, Office of Policy
* Temporarily adjusting UR process that will streamline access to care. Right now, dental providers will continue to submit plans of care to be reviewed by the UR team. There’s a cap on dental and AA services for 10k. Amounts over 2k would trigger a clinical review. For the time being, they’ll accept and approve the recommendation. HHSC reserves the right to perform a retrospective utilization review.
* Approving services waiting for a fair hearing while they redesign the process.
* In the future, they’ll look at what retrospective UR process looks like with a specific interest for individuals who require dental services and anesthesia.
* May look into rulemaking in the future. Interest Letter forthcoming.
* Questions
  + Leah Rummel: It’s been an issue for me that I’ve had services pended until they’ve received what amount would be actually paid by the other carrier, if there is another carrier. Getting a pre-approved amount is extremely difficult, even for me and I work for an insurance company.
    - Dr. V: we don’t currently ask for the amount another insurance would pay. That may have happened in the past, but we changed the process in response to stakeholder feedback.
    - Rummel: I hope you’re changing this so it’s consistent in all the IDD waivers. You also ask for what the dental amt would be with the plan of care, and require a separate anesthesia. That’s also difficult.
  + Alicia Sullivan: is anything being done around xrays? That was required by IDD UR and there are reasons we couldn’t provide xrays in this case.
    - Layman: we’ll take that back and look at it in regard to long term planning.
  + Rummel: in other waivers, you have all you need in the yearly budget. Other waivers get a flat 2k each year for dental. Are you going to treat this the same as other waivers re. Pre-approval?
    - Layman: we’re still working out what this will look like, and are putting short-term processes in place. We can take that suggestion back. It’s very comparable to our temporary plan for the next period of time while we’re developing this policy.
  + Sullivan: so would it be pre-approved?
    - Layman: yes, it would be approved in this interim process while we’re working on the permanent process.
  + Jonathan Jardin: representing dental offices in San Antonio and Houston. We aren’t allowed to do any treatment on the treatment plan, which may require multiple sedations. That’s a lot. I wish I could offer kids immediate appointments to address patients’ pain. If we don’t take care of treatment in a timely manner it will get worse.
    - Dr. V: the scenario you describe is exactly why we’re looking at this process and proposing long-term retrospective reviews.

# 88th Texas Legislature, Regular Session (2023),HHSC updates

* Kate Layman, MCS, Office of Policy
* SB2489- working its way through the legislative process. This bill would impact ISS and prevocational services. HHSC is given 2 options: if they can get CMS approval, would allow prevoc services to be provided as part of ISS. If it can’t be approved, second option would be to create a separate prevoc service and add to waiver programs that don’t already have it.
* HB4702- would create an option for individuals with IDD to provide and receive peer supports. Is actively moving, had a hearing this week. It would create peer support specialists for individuals with IDD who don’t reside in an SSLC, create a workgroup that has specific membership outlined in the bill, the workgroup would provide input to HHSC in development of the peer support benefit in ensuring the scope of the service, how it’s distinguished from other service, and certification requirements.
* HB1798- do 3 significant things: require HHSC to develop and implement a strategic plan that would ensure Medicaid/CHIP enrollees have access to HCBS. Has to include a rate methodology, assessment of unmet need, and an assessment of access to care standards. Requires HHSC to submit to LBB the strategic plan. Establishes an HCBS advisory committee.
* HB4629- would remove the limits on serving on IDD SRAC.

# Implementation of Individualized Skills and Socialization updates

* Stephanie Alred with licensing and credentialing, LTCR.
* Update on number of DAHS licenses they’ve issued and apps received. As of this morning, 698 applications received total. 602 have been issued a temporary license, more have gone through a survey. 44 DAHS with ISS applications, of those 18 have been issued a standard license.
* Susie Wetherer, HHSC. There were some trends survey partners saw when going to ISS settings. They don’t have sufficient data to share yet. They’ve observed that some ISS providers weren’t prepared for a survey. That’s understandable since it’s a new process/program. LTCR has implemented a period for providers to adjust, and for provider and surveyor to become familiar with the process and work through the survey so they can experience it without any enforcement action.

# Electronic verification visit update

* Arthur Ortega, EVV. Claims matching will resume May 1 for HCS and TxHmL.
* TAC rule changes for EVV that were submitted, formal comment period ended in January. Rules are in final, internal review.
* Webinars and training are being developed, they have webinars for people using EVV who are just adding services, people already using it, etc. Those dates come out in govdelivery. HHS learning portal too. New trainings will be available in June. All webinars are recorded so if you can’t make a live webinar you can view it after the webinar took place and is published in the portal.
* Potential EVV changes coming in 2023: new contract announced in June or earlier.

# IDD SRAC subcommittees updates

## Day Habilitation and Employment Services

* Gilda ?: they haven’t met for a while. They need to schedule a meeting and have new members who joined the subcommittee.

## System Adequacy

* Sherry Talbot, co-chair.
* Met on Feb. 9, next meeting is May 16. Focus topic has been on developing a tool/tools that could be used to explain to stakeholders and pilot participants about STAR+PLUS Pilot and service delivery options. A flowchart was approved in February meeting, they recommended services for the pilot be explained as service categories: therapy, core services, community services, other. Service delivery options: network (from MCOs’ network), enhanced care mgmt option where individuals would choose a comprehensive service provider, and CDS. Working with a small workgroup on a document to clarify the 3 service delivery models. Clarifies by providing definitions, key responsibilities, Q&A, and case study for each type of model. They hope that’ll be ready to present at the May meeting. Future topics include discussions about regulatory for providers, a lookback on where we are with interest list questionnaire, have some discussion about the current legislative Rider 14 and whether they could make recommendation on how to access GR to support individuals with high BH and medical needs, and recommendations to legislature.

## Transition to Managed Care

* Susan Murphree, co-chair
* Met on March 6, will meet again May 3. They were going to have SP3 discussion, but that was moved to another time. Transportation benefit- Carol and Anna Brooks presented. There were some questions about whether nurse and direct care staff could travel for apts. HHSC’s going to come back on a few of those items. HHSC’s working on error reports and systems updates for NEMT. The committee wants to find out what/when those updates will take place. And the CLASS dental issue we discussed today.

# Review of action items and agenda items for next meeting

* IDD SRAC and SP3 have a joint meeting on June 1.
* Susan Murphree: requested parents and individuals living under the same roof providing services through Medicaid programs. During the PHE, there was a flexibility for group homes to add more residents. Wants it to go back as it was pre-PHE. Wants a status update in June 1 meeting.